

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90033 025 ****61.25

DOCUMENT # N20541

1. Entity Name
FIRST BAPTIST CHURCH OF CHATTAHOOCHEE



Principal Place of Business
**503 SOUTH MAIN STREET
CHATTAHOOCHEE, FL 32324 US**

Mailing Address
**503 SOUTH MAIN STREET
CHATTAHOOCHEE, FL 32324 US**

% D., 10-666666D&

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01272004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-1291395

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BASFORD, SAMUEL
921 MORGAN AVENUE
CHATTAHOOCHEE, FL 32324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **DD** ☒ Delete
NAME: **KIMREY, ROGER**
STREET ADDRESS: **810 PINE AVENUE**
CITY-ST-ZIP: **CHATTAHOOCHEE, FL 32324**

TITLE: **DD** ☐ Change ☒ Addition
NAME: **OWENS, DOYLE**
STREET ADDRESS: **641 GREGORY ST.**
CITY-ST-ZIP: **CHATTAHOOCHEE, FL 32324**

TITLE: **DD** ☐ Delete
NAME: **SHELTON, ALVIN E**
STREET ADDRESS: **4520 HARDWAY HIGHWAY**
CITY-ST-ZIP: **CHATTAHOOCHEE, FL 32324**

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: **DD** ☐ Delete
NAME: **BOYD, JOE**
STREET ADDRESS: **630 CAMP ROAD**
CITY-ST-ZIP: **CHATTAHOOCHEE, FL 32324**

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: **DD** ☒ Delete
NAME: **MOSELEY, R. DAVE**
STREET ADDRESS: **814 COLEMAN STREET**
CITY-ST-ZIP: **CHATTAHOOCHEE, FL 32324**

TITLE: **DD** ☐ Change ☒ Addition
NAME: **WILSON, ELBERT**
STREET ADDRESS: **513 DARLEN ST.**
CITY-ST-ZIP: **CHATTAHOOCHEE, FL 32324**

TITLE: **DD** ☐ Delete
NAME: **TAYLOR, JAMES**
STREET ADDRESS: **824 PINE AVE**
CITY-ST-ZIP: **CHATTAHOOCHEE, FL**

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: **DD** ☐ Delete
NAME: **WILHELMS, RICHARD**
STREET ADDRESS: **1114 SHERWOOD LANE**
CITY-ST-ZIP: **CHATTAHOOCHEE, FL 32324**

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Charles Basford **CHARLES BASFORD** 78 004

850663 4661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #